

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-039728

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 140

FILED OCT 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10822  
29120

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>PIKE CO. MISSOURI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILL.</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA, MO.</b>		Length of stay in 1b	c. CITY OR TOWN <b>ROCKPORT, ILL.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE CO. HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROCKPORT, ILL.</b>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>LOYD</b> Last <b>ARNETT</b>		4. DATE OF DEATH Month <b>OCT.</b> Day <b>19</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1895</b>
9. AGE (last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>4</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM LABORER</b>	11. BIRTHPLACE (City and state or country) <b>NEW CANTON, ILL.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>OSCAR ARNETT</b>	
13b. MOTHER'S MAIDEN NAME <b>MATILDA SAXBURY</b>		14. NAME OF HUSBAND OR WIFE <b>MARY DEARDUFF</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, YES known) (If <b>WORLD WAR I</b> of service)		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mary Dearduff Rockport Ill</b>		Address <b>Rockport Ill</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Coronary Occlusion</b> DUE TO (c) <b>ASHD</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b> <b>2 wks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour - Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>10/6/62</b> to <b>10/19/62</b> and last saw him alive on <b>10/18/62</b>		Death occurred at <b>4:01 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>John A. Middleton MD</b>		22b. ADDRESS <b>Louisiana</b>	22c. DATE SIGNED <b>10/21/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>OCT. 31, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MILLER CEMETERY</b>	23d. LOCATION (City, town, or county) <b>ATLAS ILL</b>
24. FUNERAL DIRECTOR <b>Frank Ward</b>		ADDRESS <b>PLEASANT HILL, ILL.</b>	25. DATE RECD. BY LOCAL REG. <b>10-24-62</b>
26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>			

JAN 8 1963

NOV 2 1962

MAR 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Frank Ward, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ward Funeral Home

Licensed Embalmer No. 6062

P. O. Address Pleasant Hill, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.